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In the United States Patent and Trademark Office

Applicant: Luciano, Joanne Sylvia
 Serial No.: 09/045,734
 Filed: March 20, 1998
 For: A Method for Predicting the Therapeutic Outcome of a Treatment for an Affective Disorder

Group: 3736
 Examiner: Winakur, E.

Commissioner of Patents and Trademarks
 Box ISSUE FEE
 Washington, D.C. 20231

Extension of Time Transmittal

Sir:

1. Transmitted herewith is a request for an extension of time. The extension requested is for a period of two months. A check in the amount of \$190 made out to the Commissioner for Patents and Trademarks accompanies the request. The date of mailing of the Issue Fee Transmittal Request was Dec. 21, 1999; its due date was March 21, 2000 and that fee was timely filed.
2. A Divisional Application in the above identified case is being submitted under separate cover.
3. Applicant is a small entity and the Small Entity Declaration is on file.

Respectfully submitted,

Sharon L. Day
 Sharon L. Day, Ph.D.
 Agent for the Applicant
 Reg. No. 39,162
 9 Pleasant St.
 Sharon, MA 02067
 (781)784-9602

Dated:

CERTIFICATION UNDER 37 CFR 1.10

I hereby certify that this Transmittal Letter and the documents referred to as enclosed herein are being deposited with the United States Postal Service on the date May 10, 2000 in an envelope as "Express Mail Post Office to Addressee", Mailing Label Number EK577601813US addressed to the Commissioner of Patents and Trademarks, Washington, DC 20231.

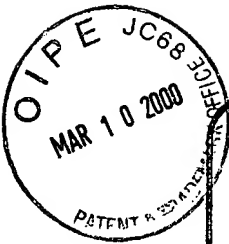
Sharon L. Day 5/10/00
 Signature Date

Note: Each paper referred to as enclosed herein had the number of the "Express Mail" mailing label placed thereon placed thereon prior to mailing.

Batch G07

Please type a plus sign (+) inside this box → ☒PTO/SB/21 (6-98)
Approved for use through 09/30/2000. OMB 0651-0031
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/045,734	
	Filing Date	03/20/98	
	First Named Inventor	Luciano	
	Group Art Unit	3736	
	Examiner Name	Winakur	
Total Number of Pages in This Submission	3	Attorney Docket Number	2000sd

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> Request for Refund	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Additional Enclosure(s) (please identify below):
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Sharon L. Day
Signature	<i>Sharon L. Day</i>
Date	03/08/00

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date: 03/08/00			
Typed or printed name	Sharon L. Day		
Signature	<i>Sharon L. Day</i>	Date	03/08/00

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



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PTO/SB/17 (12/99)
Approved for use through 09/30/2000. OMB 0651-0032
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE**FEE TRANSMITTAL****for FY 2000**Patent fees are subject to annual revision.
Small Entity payments must be supported by a small entity statement,
otherwise large entity fees must be paid. See Forms PTO/SB/09-12.
See 37 C.F.R. §§ 1.27 and 1.28.**TOTAL AMOUNT OF PAYMENT (\$)** 190.00**Complete if Known**

Application Number	09/045,734
Filing Date	March 20, 1998
First Named Inventor	Luciano, Joanne Sylvia
Examiner Name	Winakur
Group / Art Unit	3736
Attorney Docket No.	2000sd

METHOD OF PAYMENT (check one)

- 1.
- ☐
- The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account Number Deposit Account Name ☐ Charge Any Additional Fee Required
Under 37 CFR §§ 1.16 and 1.17

- 2.
- ☒
- Payment Enclosed:**

☒ Check ☐ Money Order ☐ Other**FEE CALCULATION****1. BASIC FILING FEE**

Large Entity	Small Entity	Fee Code	Fee Code	Fee Description	Fee Paid
101	690	201	345	Utility filing fee	
106	310	206	155	Design filing fee	
107	480	207	240	Plant filing fee	
108	690	208	345	Reissue filing fee	
114	150	214	75	Provisional filing fee	

SUBTOTAL (1) (\$) 0**2. EXTRA CLAIM FEES**

Total Claims	Extra Claims	Fee from below	Fee Paid
<input type="text"/>	-20** = <input type="text"/>	X <input type="text"/>	= <input type="text"/>
Independent Claims	- 3** = <input type="text"/>	X <input type="text"/>	= <input type="text"/>
Multiple Dependent			= <input type="text"/>

**or number previously paid, if greater; For Reissues, see below

Large Entity	Small Entity	Fee Code	Fee Code	Fee Description
103	18	203	9	Claims in excess of 20
102	78	202	39	Independent claims in excess of 3
104	260	204	130	Multiple dependent claim, if not paid
109	78	209	39	** Reissue independent claims over original patent
110	18	210	9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$) 0**FEE CALCULATION (continued)****3. ADDITIONAL FEES**

Large Entity	Small Entity	Fee Code	Fee Code	Fee Description	Fee Paid
105	130	205	65	Surcharge - late filing fee or oath	
127	50	227	25	Surcharge - late provisional filing fee or cover sheet	
139	130	139	130	Non-English specification	
147	2,520	147	2,520	For filing a request for reexamination	
112	920*	112	920*	Requesting publication of SIR prior to Examiner action	
113	1,840*	113	1,840*	Requesting publication of SIR after Examiner action	
115	110	215	55	Extension for reply within first month	
116	380	216	190	Extension for reply within second month	190.00
117	870	217	435	Extension for reply within third month	
118	1,360	218	680	Extension for reply within fourth month	
128	1,850	228	925	Extension for reply within fifth month	
119	300	219	150	Notice of Appeal	
120	300	220	150	Filing a brief in support of an appeal	
121	260	221	130	Request for oral hearing	
138	1,510	138	1,510	Petition to institute a public use proceeding	
140	110	240	55	Petition to revive - unavoidable	
141	1,210	241	605	Petition to revive - unintentional	
142	1,210	242	605	Utility issue fee (or reissue)	
143	430	243	215	Design issue fee	
144	580	244	290	Plant issue fee	
122	130	122	130	Petitions to the Commissioner	
123	50	123	50	Petitions related to provisional applications	
126	240	126	240	Submission of Information Disclosure Stmt	
581	40	581	40	Recording each patent assignment per property (times number of properties)	
146	690	246	345	Filing a submission after final rejection (37 CFR § 1.129(a))	
149	690	249	345	For each additional invention to be examined (37 CFR § 1.129(b))	

Other fee (specify) _____

Other fee (specify) _____

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$) 190.00**SUBMITTED BY**

Name (Print/Type)	Shaon L. Day	Registration No. (Attorney/Agent)	39,162	Telephone	7817849602
Signature	<i>Shaon L. Day</i>	Date	5/10/00		

WARNING:

Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

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